

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09/480641</i>	FILING DATE <i>1/11/00</i>					
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	<i>1</i>						51						
2		<i>1</i>					52						
3		<i>1</i>					53						
4		<i>1</i>					54						
5		<i>1</i>					55						
6		<i>1</i>					56						
7		<i>2</i>					57						
8		<i>1</i>					58						
9		<i>2</i>					59						
10		<i>2</i>					60						
11		<i>2</i>					61						
12		<i>1</i>					62						
13		<i>1</i>					63						
14		<i>3</i>					64						
15		<i>1</i>					65						
16							66						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	<i>2</i>						TOTAL IND.						
TOTAL DEP.	<i>28</i>						TOTAL DEP.						
TOTAL CLAIMS	<i>28</i>						TOTAL CLAIMS						